PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I													
			(Colum			Column 2)		SMALL ENTITY TYPE		OF	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			16					RATE	FEE	٦	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FE	E 385.00	OR			
ַ	OTAL CHARGE	ABLE CLAIMS	6 minus 20=		•			X\$ 9≈	1	OR	¥24.0		
ľ	IDEPENDENT (CLAIMS	7-minus 3 =					X43=	 -	┨¨¨	1/22	-	
MULTIPLE DEPENDENT CLAIM PRESENT										OR		 	
* If the difference in column 1 is less than zero, enter "0" in column 2							' !	+145=	 	OR	+290=		
CLAIMS AS AMENDED - PART II								TOTAL	1361	OR	TOTAL		
_	(Column 1) (Column 2) (Column							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	• 14	Minus	- 20	ソ	-		X\$ 9=		OR	X\$18=		
AME	Independent	ENTATION OF MI	Minus	- Z	<u> </u>	=	Ī	X43=		OR	X86=		
_	1.110111120		+145=			+290=							
								TOTAL		OR	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		JON,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE.		RATE	ADDI- TIONAL FEE	
	Total	• .	Minus	**	•	•	Γ	X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		•	r	X43= ·		ŀ	X86=		
	rinsi Phese	NTATION OF MU	LTIPLE DE	PENDENT	LAIM		H	.145		OR			
							L	+145= TOTAL		OR	+290= TOTAL		
	(Column 1) (Column 2) (Column 3)								لبسب	OR A	DDIT. FEE		
5	`	CLAIMS	75	(Column HIGHES	ii . Ti	(Column 3)	_			P			
_ I		REMAINING AFTER AMENDMENT		NUMBE PREVIOU: PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
AMENDMEN	Total	• ,	Viinus	**		.		K\$ 9=		OR	X\$18=	FEE	
	Independent	<u> </u>	Vinus	***		•	\vdash	X43=		. F		——	
	FIRST PRESE	H	1702		OR	X86=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** TOTAL ** TOTAL											·		
•••	AND CAMPINESS MITTO	nber Previously Paid ber Previously Paid	I FOT IN THIS	: CDA//C i i i		9	ADS	XT. FEÉ L		OR AL	TOTAL DOTT. FEEL	—-	
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